

Patient Information

Chart #

Last Name

First Name

Date of Birth

Year — 3-letter mo. — day

Sex M F

Date of Visit

20 Year — 3-letter mo. — day

Visit Notes:

Medical Dx & Hx

- | | | |
|---|----|--------------------------|
| <input type="radio"/> Elevated BP readings | OR | Family HX |
| <input type="radio"/> 1° Hypertension | FR | <input type="checkbox"/> |
| <input type="checkbox"/> Dyslipidemia | | <input type="checkbox"/> |
| <input type="checkbox"/> Diabetes | | <input type="checkbox"/> |
| <input type="checkbox"/> Kidney disease | | <input type="checkbox"/> |
| <input type="checkbox"/> Obesity | | <input type="checkbox"/> |
| <input type="checkbox"/> Coronary heart disease | | <input type="checkbox"/> |
| <input type="checkbox"/> Stroke or TIA | | <input type="checkbox"/> |
| <input type="checkbox"/> Depression | | <input type="checkbox"/> |

1° hypertension was diagnosed (fill one)

≥1yr ago <1yr ago Not yet

HTN Patient tools provided? Y N

BP monitoring type FR Home Ambulatory

Referrals HCP Community Resources

Next visit in

weeks
 months

CV Risk Factors

(fill Y or N per row)

Y N

- | | | | | |
|-----------------------|-----------------------|----------------------|-----------------------|----|
| <input type="radio"/> | <input type="radio"/> | Weight | <input type="radio"/> | FR |
| <input type="radio"/> | <input type="radio"/> | Physical activity | <input type="radio"/> | FR |
| <input type="radio"/> | <input type="radio"/> | Diet/Nutrition- Salt | <input type="radio"/> | FR |
| | | - DASH | <input type="radio"/> | FR |
| <input type="radio"/> | <input type="radio"/> | Smoking | <input type="radio"/> | FR |
| <input type="radio"/> | <input type="radio"/> | Alcohol intake | <input type="radio"/> | FR |
| <input type="radio"/> | <input type="radio"/> | Stress | <input type="radio"/> | FR |

Patient Selected

Lifestyle Goal

(fill ONE)

Current assessment of CV risk factors

- Physical Activity min/wk (0 or more)
- Smoking Cigs/day (0 or more)
- Alcohol Drinks/wk (0 or more)
- Some-
- | | | | | |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|
| High salt foods | Always | Often | times | Never |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DASH diet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Patient view of selected lifestyle goal

- | | |
|------------------------------------|-------------------------------------|
| <input type="radio"/> Uninterested | <input type="radio"/> Taking action |
| <input type="radio"/> Thinking | <input type="radio"/> Maintaining |
| <input type="radio"/> Deciding | <input type="radio"/> Relapsed |

Current assessment of selected lifestyle goal (complete both)

How **important** is this lifestyle change to the patient? (1-10; 10=most)

How **confident** is patient in carrying out the lifestyle change? (10=most)

How often does patient miss taking his/her meds? /wk FR

Does patient take herbal remedies/ see traditional healer/naturopath? Y N

Adequate drug coverage? Y N

Medications

- | | | |
|--------------------------|--------------------------|--------------------------|
| | Currently Rx'd | Side effects |
| Diuretic | <input type="checkbox"/> | <input type="checkbox"/> |
| ACE inhibitor | <input type="checkbox"/> | <input type="checkbox"/> |
| A-II receptor antagonist | <input type="checkbox"/> | <input type="checkbox"/> |
| Beta blocker | <input type="checkbox"/> | <input type="checkbox"/> |
| Calcium channel blocker | <input type="checkbox"/> | <input type="checkbox"/> |
| Other antihypertensive | <input type="checkbox"/> | <input type="checkbox"/> |
| Statin | <input type="checkbox"/> | <input type="checkbox"/> |
| Other lipid-lowering | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral hypoglycemic | <input type="checkbox"/> | <input type="checkbox"/> |
| Insulin | <input type="checkbox"/> | <input type="checkbox"/> |
| ASA | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Exam

SBP

DBP

Height

Weight

Waist

Automated Office

Blood Pressure

Monitor used?

Y N

cm

in.

Kg

lb.

cm

in.

Lab Work

Lipids—Review most recent values:

1—are they within the last 12 months?

2—are they within target range?

LDL mmol/L (goal <2.0)

TC/HDL Ratio (goal <4.0)

HDL mmol/L (goal >1.0)

Triglycerides mmol/L (goal <1.7)

A1C and FBS—Review most recent values:

1—is value(s) within the last 6 months for pts. with diabetes?

2—is value(s) within target range?

A1C % (goal <7.0%)

FBS mmol/L (goal 4-7)

eGFR and ACR—Review most recent values:

1—are values within the last 12 months for pts. with diabetes?

2—Does eGFR suggest normal kidney function?

eGFR mL/min (normal >90)

ACR mg/mmol (goal <2.0)

Review Medications with patient:

- Have side effects been reported ?
- Single pill combination considered?
- Update prescriptions in the EMR chart

[Hypertension Canada Treatment Guidelines](#)